

Becket Systems

An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: Apr/01/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Work hardening program
x80hours right shoulder/wrist/hand, left knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD Board Certified Family Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for work hardening program x80hours right shoulder/wrist/hand, left knee is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. The patient was in the back of a parked X when the X was hit head on. The impact threw her in the air and across the back of the X. The patient reported pain in her neck, right shoulder, and left knee. The patient surgical history is significant for ACDF in XXXX. Treatment to date includes 6 individual psychotherapy sessions and 22 physical rehab sessions. The patient was subsequently authorized for 80 hours of a work hardening program. Pain level increased from 2/10 to 3/10. Irritability remained 2, frustration remained 2, muscle tension increased from 2 to 3, nervousness remained 2, depression remained 2, sleep problems remained 3 and forgetfulness remained 2. BDI remained 10. Carrying and lifting abilities improved. Physical demand level increased from light to medium with required PDL of heavy. PPE dated XX/XX/XX indicates that current medications include gabapentin, Metaxalone, tramadol and warfarin sodium. The patient's current PDL is listed as medium. Follow up note dated XX/XX/XX indicates that her pain level is 8/10.

Initial request for 80 hours of work hardening was non-certified on XX/XX/XX noting that there was no clear evidence of significant improvement in her mental health. BDI remained at 10, BAI increased from 8 to 14. FABQ-PA increased from 7 to 9 and FABQ-W decreased from 25 to 24. Pain increased from 2 to 3. Her limitations on the recent functional capacity evaluation were 27 pounds for overhead which still limits her to light PDL. Her prior functional capacity evaluation was also limited to light PDL confirming no objective functional improvement in physical abilities. Her psychological scores have shown regression in psychosocial barriers. Reconsideration request dated XX/XX/XX indicates that she has made gains in the program. Her PDL improved from light to medium. The denial was upheld on appeal dated XX/XX/XX noting that the updated documentation did not address the reasons for previous denial. Although there was evidence of improvement in terms of strength and range of motion, there was no clear evidence of significant improvement in her mental health.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has completed 80 hours of a work hardening program to date. The Official Disability Guidelines note that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. The submitted records fail to document significant gains as a result of the program. The patient's BDI remained the same and BAI actually increased. FABQ-PA increased and FABQ-W only slightly decreased. Pain level increased from 2/10 to 8/10, as evidenced by follow up note dated XX/XX/XX Irritability remained 2, frustration remained 2, muscle tension increased from 2 to 3, nervousness remained 2, depression remained 2, sleep problems remained 3 and forgetfulness remained 2. Given the lack of significant gains in work hardening program to date, the request for 80 additional hours is not medically necessary. As such, It is the opinion of the reviewer that the request for work hardening program x80hours right shoulder/wrist/hand, left knee is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)